YADKIN COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

AUTHORIZATION TO APPLY FOR AN IMPROVEMENT PERMIT(S)

	Address:
Property owner's full name (Please PRINT)	Phone #: HomeWork
Agent/Buyer's full name (Please PRINT)	Phone #: HomeWork
I (PRINT)	(property owner) duly authorize
(PRINT)	(agent/buyer) to serve as my agent for the
purpose of applying for an Improvem	ent Permit(s) for my property located at:
DIRECTIONS:	
Subdivision:	Section: Lot #:
Acreage:	PIN#:
PROPERTY OWNER'S SIGNATU	RE) (DATE)